FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAIGN DISCLOSURE BO 2012 OCT 16 AM 11: 53

	service reconstruction of the rest of the	Charles .		
COMMITTEE NAME (Must be same as on Statement of C	rganization)			
DEAN SCHMIDT FOR	SUPERVISOR	1 1	OR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for 1. Statewide/Legislative/Judge Standing for Retention Candidate	or: 5 2 (2)State PAC (3)State Party	(Re	ev. 12/2009)	REPORT
(4) County Central Committee (5) County Candidate (6) City Ce Subdivision Candidate (8) County PAC (9) City PAC (10) Scho	indidate (7) School Board or Other Politica	(1	Office Use On	
11) Local Ballot Issue				
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	2		
DEAN SCHMIDT		1 1		
			The Children Commence of the C	
Office Sought SuPERVISOR				
ate reports are subject to possible civil and criminal penalties. andidate's committee, and the chairperson, for any other type	Pursuant to Iowa Code sections 68B.32A of committee, is the individual responsible	e for filing tin	nely and accur	не геропѕ.
Lean Schmidt	712 443 8344 TELEPHONE		oct 1	5 2012
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
(report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file)	pe of Dissolution Form DR-3.	Local Comm		ite of Election
STATEMENT OF CASH ON HA CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as t	(Total of all funds held by the	•	468	3 95
of the last reporting period or must be zero if this ADD TOTAL MONEY TAKEN IN THIS PERIOD	is first report filed.)		1	
Schedule A: Cash Contributions total (Attach Sch	hedule A) (*also see in-kind below)		250	
Schedule F: Loans Received total (Attach Sched			4	2 ==
Schedule H: Total Sales of Campaign Property (
(Schedule H applies to Candidates' C		**********		
(Schedule H applies to Canordates C	SUB-TOTAL	\$	86	8 20
SUBTRACT TOTAL MONEY SPENT THIS PER	IOD			125
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below)		68	5 22
Schedule F: Loan Repayments total (Attach Sch				0
CASH ON HAND at the end of this reporting period (if fina			183	90
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$)
*IN KIND CONTRIBUTIONS (From Schedule E - Attach S			6	
**OUTSTANDING LOANS (From Schedule F - Attach Sch			\$16	50 €
CONSULTANT BREAKDOWN (Schedule G Attached?)	- 20		YES _X	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	\$		
TALVE OF CAME AGE IN LESS FIRST (TOTAL OF TOTAL	·			

For Instructions, See Back of	For	Instruc	tions.	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

DEAN SCHMINT FOR SUPERVISOR

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
}		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/20/12	ID# ISCP 8852 CK#3164	LSCP PAC 4808 FAVE MARCUS IONA 51035	2 d	150	
10/4/12	CK# 8705	MARCUS IONA 51035 LINDA BINDNER 5838 DAVE MARCUS IONA 51035	9 9	20	
10/4/12	ID# CK# /030	DIXIE DRAPER TIL W BEECH CHEROKEE IONA 51012	8	40	
10/4/12	ID# CK#	CASH		40	
	ID# CK#			1	
	ID#				
	ID# CK#				
	ID#				
	ID# CK#			100 TE	
	ID# CK#				

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 FOR INSTRUCTIONS, SEE BACK OF FORM

Reset	Form
THE CONTRACTOR TO	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
1 0	EAN SOI	MIDT FOR SUPER	VISER	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/5/12	CK# 5 29	KCHE RADIO 201 5 STREET CHERIKIEE I == A 51012 CHRONICLE TIMES	ADV.	\$ 352°=
1911/12	ID# CK# 530	113 ZNO ST CHEBOSIFE TOTAL SIGN	ADV.	252=
10/12/12	ID# CK#	MARCUS NEWS 401 N MAIN ST MARCUS IONA 51035	ADV.	8100
	ID# CK#			
	<u> </u>		SUB-TOTAL	\$ 685 =

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	of	

8505

TOTAL (if last page of this schedule)

	S, SEE BACK OF FORM	RESET	SCHEDULE
	Must be same as on Statement of Organization)		(Rev. 02/08) RECEIVED & REPAID
DEAN .	SCHMIDT FOR SUPERVISOR		CHECK THIS BOX
	reports money loaned to the committee which is deposited in the or	ommittee account.	AMENDING FORM
INL UNITHID LOP	NS FROM (AS) REPORTING FERROD \$		
RT I - MONETAR (Original so	Y LOANS RECEIVED THIS REPORTING PERIOD urce of loan, such as a bank, must be shown if a third party is involved the shown if a string party is involved.	red. Include loans from candid	late's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*	AMOUNT OF LOAN
	4565 LAVE MERIDEN INT 51037		\$
10/11/12	DEAN SCHMIDT	CANDIDATE	8150°
		9	
(Loans fo	RY LOAN REPAYMENTS MADE THIS REPORTING PERIOD regiven must be reported on Schedule E – In-kind Contributions.)		\$
DATE PAID. (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT REPAID
		> .	\$
			Manager and Section and Section and Section 2015
			Marie Control of the
			Marie Control of State of Stat
			Management of the Control of the Con
	TOTAL CASH RE	PAYMENTS (PART II)	Management of the Control of the Con
	From Schedule E - TOTAL I	LOANS FORGIVEN	\$ \$ \$
*Disclosure law rec		OF REPORT PERIOD	Management of the Control of the Con